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CONFIRMATION NO. 4848

SERIAL NUMBER 10/695,329	FILING DATE 10/28/2003  RULE	CLASS 600	GROUP ART UNIT 3736	ATTORNEY DOCKET NO. SDR-10802/01
<b>APPLICANTS</b> David Schneider, Royal Oak, MI;  <b>** CONTINUING DATA *****</b> This appln claims benefit of 60/421,823 10/28/2002  <b>** FOREIGN APPLICATIONS *****</b>				
<b>IF REQUIRED, FOREIGN FILING LICENSE GRANTED ** SMALL ENTITY **</b> <b>** 01/27/2004</b>				
Foreign Priority claimed <input type="checkbox"/> yes <input checked="" type="checkbox"/> no 35 USC 119 (a-d) conditions <input type="checkbox"/> yes <input checked="" type="checkbox"/> no <input type="checkbox"/> Met after met Verified and Acknowledged <i>Allowance</i> Examiner's Signature <i>ADB</i> Initials		STATE OR COUNTRY MI	SHEETS DRAWING 2	TOTAL CLAIMS 22
		INDEPENDENT CLAIMS 2		
<b>ADDRESS</b> 25006 GIFFORD, KRASS, GROH, SPRINKLE & CITKOWSKI, P.C PO BOX 7021 TROY, MI 48007-7021				
<b>TITLE</b> Saliva collection system				
FILING FEE  RECEIVED 403	FEES: Authority has been given in Paper No. _____ to charge/credit DEPOSIT ACCOUNT No. _____ for following:		<input type="checkbox"/> All Fees <input type="checkbox"/> 1.16 Fees ( Filing ) <input type="checkbox"/> 1.17 Fees ( Processing Ext. of time ) <input type="checkbox"/> 1.18 Fees ( Issue ) <input type="checkbox"/> Other _____	